

please detach form

# St. Paul's Hospital CME Conference for Primary Care Physicians Registration Form

**Note: New Mailing Address** St. Paul's Hospital CME Conference Office PO Box 20630 Howe Street PO, Vancouver, BC V6Z 2N8 Canada  
**Fax:** 604-806-8556 **Telephone:** Toll Free: 1-800-715-5577 or Locally: 604-899-4490  
**E-Mail:** registration@stpaulscme.org **Website:** www.stpaulscme.org

**PLEASE PRINT or TYPE** Dr. Ms. Mr. Mrs. (please circle one)

First Name Middle Initial Last Name

Mailing Address

City Postal or Zip Code

Province or State Country

Daytime Telephone Number

Fax

E-Mail\* (Required to receive your Confirmation of Registration + Purchase Receipt electronically.)

I am a  Family Physician  Nurse Practitioner  Other (Please Specify) \_\_\_\_\_  
 Family Practice Resident (letter from Program Director required for acceptance – refer to page 2 in brochure for details)

### OFFICE USE ONLY:

Conf # \_\_\_\_\_  
MLS / ADM \$ \_\_\_\_\_  
SMGRP \$ \_\_\_\_\_ Waitlist: Y N  
Total \$ \_\_\_\_\_  
  
Pay Form: CC CHQ Batch # \_\_\_\_\_  
Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_  
Conf. Sent: \_\_\_\_\_  
Date: \_\_\_\_\_

## Registrant Options

Your selection is required for Options 1 and 2 please. (A non-selection will default as "printed syllabus" and "not attending" Thursday lunch.)

- 1. Syllabus:  Printed Syllabus  USB Memory Stick Syllabus  Both Printed and USB Memory Stick Syllabus at \$40 Cdn. \$ \_\_\_\_\_
- 2. Thursday Registrant Lunch:  I will attend  I will not attend
- 3. Dietary Restrictions: Vegetarian alternatives will be provided at meals. Other: \_\_\_\_\_
- 4.  Fitness Classes  Jogging *(Please Specify - additional charge may apply)*

## Registration Fees

A Confirmation of Registration + Purchase Receipt will be provided electronically (documents will not be mailed). Confirmed Optional Learning Session selections will be detailed on the Purchase Receipt.

NOTE: WE ADVISE EARLY REGISTRATION.  
NO ON-SITE REGISTRATION WILL BE AVAILABLE.

## Main Lecture Series Nov. 21 – Nov. 24, 2017 – Space is limited!

Registration received by CME Conference Office	Received <b>Before Aug. 28/17</b>	Received <b>Aug. 29–Oct. 25/17</b>	Received <b>Oct. 26–Nov. 13/17</b>	Amount enclosed/ authorized
MD/Ph.D/DO/NP	<input type="checkbox"/> \$950 Cdn	<input type="checkbox"/> \$995 Cdn	<input type="checkbox"/> \$1095 Cdn	\$ _____
Family Practice Residents (limited capacity)	<input type="checkbox"/> \$450 Cdn	<input type="checkbox"/> \$475 Cdn	<input type="checkbox"/> \$500 Cdn	\$ _____

**Payment Options**  Visa  MasterCard  Cheque enclosed

Credit Card Number

Expiry Date 3 Digit Verification Code

Signature

Name as it appears on card (print)

Please make cheques payable to: St. Paul's Hospital CME and forward to the new address above. Cheques must be in CANADIAN Dollars.

(TO ENSURE CONTINUITY, PLEASE FILL IN)

FIRST NAME

LAST NAME

## ADVANCE REGISTRATION for the Optional Learning Sessions – space is limited. Registration online is advised.

Physicians participating in the Main Lecture Series will take priority over those registering only for the Optional Learning Sessions. Registration for the Optional Learning Sessions is available online, on a first come first serve basis, and controlled by the online system inventory. Please note: registrations received by the CME Conference Office by fax or mail will be filled by priority receipt from the same online system inventory. Your session selections will be detailed on your Purchase Receipt. You will receive the appropriate Needs Assessment evaluation for each session registered at the time of receiving your Purchase Receipt. The online registration system will indicate the sessions that are full. Please email the CME Conference Office and request to be placed on the waitlist. Registrations received by fax or mail will be automatically placed on the waitlist. **Physicians registering for the Optional Learning Sessions Only** must submit their registration to the CME Conference Office by fax or mail. Your registration will be waitlisted by priority of receipt and you will be advised approximately four to six weeks prior to the conference date if space is available. A \$75 administration fee will apply in addition to the session fee.

Code	Session Title	Date and Time	Price Cdn\$	Amount
T1	Endometrial Biopsy & Abnormal Uterine Bleeding	Tues. Nov. 21 18:00–20:00	\$200 Cdn	\$ _____
T2	The Management of ADHD in Children	Tues. Nov. 21 18:00–20:00	\$200 Cdn	\$ _____
T3	Diagnosis and Management of Common Anorectal Disorders	Tues. Nov. 21 18:00–20:00	\$200 Cdn	\$ _____
W1	Enhancing Your Resilience Through Mindfulness Practice	Wed. Nov. 22 18:00–20:00	\$200 Cdn	\$ _____
W2	Taping and Splinting Techniques for Rehabilitation	Wed. Nov. 22 18:00–20:00	\$200 Cdn	\$ _____
W3	BPH Management for Family Physicians	Wed. Nov. 22 18:00–20:00	\$200 Cdn	\$ _____
W4	ADHD in Primary Care: An Approach to Diagnosis and Treatment	Wed. Nov. 22 18:00–20:00	\$200 Cdn	\$ _____
W5	Palliative Cases for the Family Physician	Wed. Nov. 22 18:00–20:00	\$200 Cdn	\$ _____
W6	An Anatomical Approach to the Sports Medicine Joint Exam	Wed. Nov. 22 18:00–20:30	\$250 Cdn	\$ _____
TH1	Office Plastic Surgical Techniques	Thur. Nov. 23 08:30–16:30	\$350 Cdn	\$ _____
TH2	Functional Anatomy & How the Franklin Method™ Can Help Your Patients Overcome Chronic Neck and Low Back Pain	Thur. Nov. 23 18:00–21:00	\$250 Cdn	\$ _____
TH3	Menopause & Hormone Therapy – Dilemmas GPs Face	Thur. Nov. 23 18:00–20:30	\$250 Cdn	\$ _____
TH4	Office and Hospital Detox Protocols	Thur. Nov. 23 18:00–20:00	\$200 Cdn	\$ _____
TH5	Intra-Articular and Soft Tissue Injection Techniques in Arthritis: How and What to Inject	Thur. Nov. 23 18:00–19:30	\$200 Cdn	\$ _____
TH6	Using Transformative Dialogue to Assist the Stuck Patient	Thur. Nov. 23 18:00–20:30	\$250 Cdn	\$ _____
F1	Office Plastic Surgical Techniques	Fri. Nov. 24 08:30–16:30	\$350 Cdn	\$ _____
<b>Monday Workshop</b>				
M1	An Introduction to Practical Dermoscopy	Mon. Nov. 20 08:00–16:15	\$350 Cdn	\$ _____

**Total Optional Learning Session Fees** \$ \_\_\_\_\_

**Add Main Lecture Series Fee from page 1** or \$75 administration fee (whichever applies) \$ \_\_\_\_\_

**Total fees payable** \$ \_\_\_\_\_

**Cancellation Policy**  
A refund will be made, less a \$150 (Cdn) processing fee, if cancellation is received in writing no later than Oct. 30, 2017. No refunds will be given after Oct. 30, 2017.

NOTE: Physicians taking TH1 or F1 options will reduce their Main Lecture Series credits by 6.25 Mainpro+ Certified Credits for the day missed and fees will be reduced accordingly.